

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

DC DEMOCRATIC STATE COMMITTEE

ADDRESS (number and street)

3539 T Street NW

☒Check if different
than previously
reported. (ACC)

Washington

DC

20007

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00295964

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2006

through

12

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Daniel Wedderburn

Signature of Treasurer Electronically Filed by Mr. Daniel Wedderburn

Date

03

18

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 14

Write or Type Committee Name
DC DEMOCRATIC STATE COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>2</div><div>0</div><div>0</div><div>6</div></div>		<div><div>4</div><div>5</div><div>6</div><div>2</div><div>.</div><div>6</div><div>4</div></div>
(b) Cash on Hand at Beginning of Reporting Period	<div><div>4</div><div>5</div><div>6</div><div>2</div><div>.</div><div>6</div><div>4</div></div>	
(c) Total Receipts (from Line 19)	<div><div>5</div><div>1</div><div>2</div><div>4</div><div>.</div><div>4</div><div>6</div></div>	<div><div>5</div><div>1</div><div>2</div><div>4</div><div>.</div><div>4</div><div>6</div></div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div><div>9</div><div>6</div><div>8</div><div>7</div><div>.</div><div>1</div><div>0</div></div>	<div><div>9</div><div>6</div><div>8</div><div>7</div><div>.</div><div>1</div><div>0</div></div>
7. Total Disbursements (from Line 31)	<div><div>3</div><div>5</div><div>4</div><div>6</div><div>.</div><div>6</div><div>6</div></div>	<div><div>3</div><div>5</div><div>4</div><div>6</div><div>.</div><div>6</div><div>6</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div>6</div><div>1</div><div>4</div><div>0</div><div>.</div><div>4</div><div>4</div></div>	<div><div>6</div><div>1</div><div>4</div><div>0</div><div>.</div><div>4</div><div>4</div></div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div><div>0</div><div>0</div><div>0</div></div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div><div>0</div><div>0</div><div>0</div></div>	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 14

Write or Type Committee Name

DC DEMOCRATIC STATE COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	5124.46	5124.46
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5124.46	5124.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5124.46	5124.46

DETAILED SUMMARY PAGE

of Disbursements

4 / 14

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	3546.66	3546.66	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3546.66	3546.66	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3546.66	3546.66	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 14

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 14

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DC DEMOCRATIC STATE COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ASDC PARTNERSHIP PROGRAM

Mailing Address 430 South Capitol Street

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

C00402404

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA12.4287

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

DOLLARS FOR DEMOCRATS

Mailing Address 430 South Capitol St. SE Suite 300
Suite 300

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

124.46

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA12.4288

Amount of Each Receipt this Period

124.46

SUBTOTAL of Receipts This Page (optional)

5124.46

TOTAL This Period (last page this line number only)

5124.46

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 7 / 14

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00295964</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CANDON LAW OFFICES		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 3</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
Mailing Address 1225 19TH ST., NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">800.00</div>	
City State Zip Code Washington DC 20036		Transaction ID: SE.4308	
Purpose of Expenditure Office Rent		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1950.35</div>	
Full Name (Last, First, Middle, Initial) of Payee CANDON LAW OFFICES		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 3</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
Mailing Address 1225 19TH ST., NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">800.00</div>	
City State Zip Code Washington DC 20036		Transaction ID: SE.4314	
Purpose of Expenditure Office Rent		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2760.35</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">1600.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. Daniel Wedderburn _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 8 / 14

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE		FEC IDENTIFICATION NUMBER C C00295964	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee INDEPENDENCE FEDERAL SAVINGS BANK		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1301 Ninth St. NW		Amount 10.00	
City State Zip Code Washington DC 20001		Transaction ID: SE.4311	
Purpose of Expenditure BANK FEE		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1960.35			
Full Name (Last, First, Middle, Initial) of Payee INDEPENDENCE FEDERAL SAVINGS BANK		Date M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 1301 Ninth St. NW		Amount 10.00	
City State Zip Code Washington DC 20001		Transaction ID: SE.4324	
Purpose of Expenditure Bank Fee		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 3449.36			
(a) SUBTOTAL of Itemized Independent Expenditures		20.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. Daniel Wedderburn Signature		Date M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 9 / 14

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00295964</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee INDEPENDENCE FEDERAL SAVINGS BANK		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 3 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
Mailing Address 1301 Ninth St. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Washington</div> <div>State DC</div> <div>Zip Code 20001</div> </div>		Transaction ID: SE.4327 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Bank Fee		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate supported or Opposed by expenditure:		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">3546.66</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Mrs. Wanda Lockridge		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
Mailing Address 419 Valley Ave. SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">480.49</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Washington</div> <div>State DC</div> <div>Zip Code 20032</div> </div>		Transaction ID: SE.4297 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Reimbursement for Ch- airs travel expense		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure:		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">683.21</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">490.49</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. Daniel Wedderburn Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 10 / 14

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00295964</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NEO POST		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
Mailing Address PO Box 54800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23.80</div>	
City State Zip Code San Francisco CA 94145		Transaction ID: SE.4304	
Purpose of Expenditure Postage Machine rental		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">944.13</div>			
Full Name (Last, First, Middle, Initial) of Payee NEO POST		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
Mailing Address PO Box 54800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">458.50</div>	
City State Zip Code San Francisco CA 94145		Transaction ID: SE.4322	
Purpose of Expenditure Postage Machine Lease agreement		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3439.36</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">482.30</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Mr. Daniel Wedderburn _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 11 / 14

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00295964</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee UNKNOWN EXPENSE		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address UNKOWN		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">87.30</div>	
<div style="display: flex; justify-content: space-between;"> <div>City WASHINGTON</div> <div>State DC</div> <div>Zip Code 20001</div> </div>		Transaction ID: SE.4328 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Unknown Expense Likely Office Supplies		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate supported or Opposed by expenditure:		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">3536.66</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee VERIZON COMMUNICATIONS		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 0</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address PO BOX 17577		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">202.72</div>	
<div style="display: flex; justify-content: space-between;"> <div>City BALTIMORE</div> <div>State MD</div> <div>Zip Code 21297</div> </div>		Transaction ID: SE.4292 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure PHONE BILL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate supported or Opposed by expenditure:		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">202.72</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">290.02</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. Daniel Wedderburn Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 12 / 14

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00295964	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee VERIZON COMMUNICATIONS		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 11 / 2006</div> </div>	
Mailing Address PO Box 17625		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">139.51</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Baltimore</div> <div>State MD</div> <div>Zip Code 21297</div> </div>		Transaction ID: SE.4301	
Purpose of Expenditure Copier Lease agreement		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">920.33</div>			
Full Name (Last, First, Middle, Initial) of Payee VERIZON COMMUNICATIONS		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 23 / 2006</div> </div>	
Mailing Address PO BOX 17577		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">206.22</div>	
<div style="display: flex; justify-content: space-between;"> <div>City BALTIMORE</div> <div>State MD</div> <div>Zip Code 21297</div> </div>		Transaction ID: SE.4306	
Purpose of Expenditure Phone Bill		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1150.35</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">345.73</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Mr. Daniel Wedderburn Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 03 / 18 / 2010</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 13 / 14

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00295964</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee VERIZON COMMUNICATIONS		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 0 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
Mailing Address PO Box 17625		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">209.51</div>	
City State Zip Code Baltimore MD 21297		Transaction ID: SE.4316	
Purpose of Expenditure Copier Rental		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2969.86</div>			
Full Name (Last, First, Middle, Initial) of Payee VMW LOGISTICS		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
Mailing Address PO Box 10864		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">97.61</div>	
City State Zip Code McLean VA 20102		Transaction ID: SE.4300	
Purpose of Expenditure Courier services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">780.82</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">307.12</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. Daniel Wedderburn Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 14 / 14

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00295964</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee VMW LOGISTICS			Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 1 3</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address PO Box 10864			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">11.00</div>	
City McLean <div style="float: right; text-align: right;"> State VA Zip Code 20102 </div>			Transaction ID: SE.4320 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Courier Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate supported or Opposed by expenditure:			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2980.86</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">11.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">3546.66</div>
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>	
Mr. Daniel Wedderburn _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>